Postpartum Depression & Breastfeeding

Objectives

1. Describe demographic and statistical data associated with the range of postpartum mood disorders (PPMD), including postpartum depression (PPD), and other mental-behavioral disorders of postpartum.
2. Identify maternal behaviors associated with PPD-PPMD and other such disorders of the postpartum period.
3. Explore verbal and nonverbal communication techniques that may facilitate intervention for breastfeeding clients.
4. Identify appropriate follow-up and referral resources for affected women and their families.

Advantages of Breastfeeding for Postpartum Mental Health

- ↓ Stress
  - Neuroendocrinology of lactation may "down-regulate the magnitude" of the stress response (Groer, Davis & Hemphill, 2002)
  - "During the period of lactation, mothers exhibit lower neuroendocrine and behavioural responses to several types of stressors, except possibly those representing a threat to the infant." (Walker et al., 2004)
- ↓ PPD
  - "Increasing months of breastfeeding…associated with…decreased risk of depression (during postnatal period)…" (Harlow et al., 2004)
  - "Women who breastfed had significantly lower EPDS…higher plasma prolactin levels than those who did not breastfed…" (Abou-Saleh et al., 1998)

Predictors of Postpartum Mood Disorders

- PREDICTORS
  - Prenatal depression
  - ↑ PP/Baby Blues
  - Childcare stress → multiparas, MOM, sleep deprivation
  - Life stress: ↑ on scale
  - ↓ Social support
  - Marital dissatisfaction
  - Prenatal anxiety
  - History of depression/anxiety/OCD episode (incl. previous PPMD)
- ↓ Predictive but correlation noted:
  - Psych disorder history or Fe relative history
  - Infant temperament

Postpartum/Baby Blues

- Incidence: 50-80% of new mothers
- Onset: few days post-birth; peaks toward end of 1st week
- Duration: transient during day, lasting up ≥ 2-3 weeks
- Signs/Symptoms:
  - Mood fluctuations — anxiety, sadness, irritability
  - Difficulty concentrating
  - Tearfulness
  - Fatigue and insomnia
  - Appetite suppression

Postpartum Depression (PPD)

- Incidence:
  - 10-15% overall
  - ≥40% MOM
  - ↑ stress groups
- Onset: 1st few months
  - May be after 1st year for MOM
- Duration: 2 weeks - >12 months

Symptoms of PPD

- ≥ 5 during same 2 week period, lasting most of day
  - Depressed/detached/↓ enjoyment
  - Δ in sleep, appetite (↑/↓ weight), ↑/↓ activity level
  - ↑ Fatigue/↓ Energy
  - ↓ Ability to concentrate → foggy thinking, indecisiveness
  - Feelings of hopelessness, worthlessness, guilt, "going crazy"
  - Obsessive thoughts RT harming
    - Self (suicidal ideation)
    - Baby
    - Other

See: http://www.behavenet.com/capsules/disorders/mjrdepep.htm

Postpartum Psychosis

- Incidence: 1-2/1000 women
  - 25% Bipolar history
- Onset: most ≤2 weeks postpartum
- Duration: depends on diagnosis (Dx) & treatment (Tx)
- S/S = rapid onset:
  - Manic
    - Insomnia
  - Delusions
  - Auditory hallucinations
  - Confusion
  - Irrational/bizarre behavior
  - Religious overtones
  - ↑ Suicide or infanticide

Panic Disorder, Postpartum Onset

- PP incidence: 4-6%
- Onset: First months post-birth
- Duration: depends Dx & Tx
- S/S = Panic attack

  Intense anxiety lasting minutes to hours with ≥4 of following:

  - Shortness of Breath
  - Rapid heart rate
  - Sense of doom/"going crazy"
  - Chest pain
  - Tightness in throat
  - Nausea/GI disturbance
  - ↑ Sweating/hot or cold flashes
  - Dizziness
  - Shaking
  - Tingling/numbing extremities
  - ↓ Cognition
  - ↑ Depersonalization
  - ↑ Anxiety, fear between attacks
    - ↑ Isolation

See: http://www.behavenet.com/capsules/disorders/panicattk.htm

Postpartum Obsessive-Compulsive Disorder (OCD)

- Incidence: 3% population
- PP Onset: <1%
  - Of those with OCD: 30% occur PP
- Duration: depends on Dx & Tx
- S/S (1st occurrence or ↑ pre-existing):
  - ↑ Intrusive, repetitive thoughts or images re: aggressive obsessions to harm infant → unable to "turn off"
  - ↑ Fear of being alone with infant
  - Repeated/excessive behavior to prevent problem
    - Behavior unrelated to feared situation
      - ↑ Checking or washing/changing
  - Often associated with other PPMD, stressors

See: http://www.behavenet.com/capsules/disorders/o-cd.htm

Post-Traumatic Stress Disorder, Postpartum (PTSD)

- Associated with:
  - Pre-existing condition → experienced or confronted actual/perceived threat to life/physical integrity, e.g. CSA
    - Response → Fear, helplessness or horror
  - Severe pregnancy or birth complication; prolonged pregnancy bed rest
- S/S:
  - Re-experience/relive trauma
  - Sleep disturbance/nightmares
  - Hypervigilance
  - ↓ Affect/↑ depressive s/s
  - Dissociation/detachment
  - ↑ Startle response
  - Change in aggressiveness

See: http://www.behavenet.com/capsules/disorders/ptsd.htm

Adjustment Disorder, Postpartum

- Onset: ≤3 months post-birth
- S/S (response to stressor):
  - ↑ Distress — excessive RT expectation
  - ↑ Social or role function impairment
  - ↓ S/S with alleviation of stressor
  - May be associated with depressed mood and/or anxiety or maladaptive behavior, e.g. physical complaints, withdrawal, etc.

Dual Diagnosis/Co-morbidity: Disorders in Tandem

- Overlapping s/s of depression and anxiety
- History of:
  - Childhood sexual abuse
  - Eating disorder – bulimia, anorexia, overeating
  - Substance abuse – alcohol, drugs (self-medicating)
  - Personality disorder
  - Attachment disorder
  - Intimate partner violence (IPV)

Effects of PPMD on Dyad

- Maternal aspects:
  - Detached mothering ↔ neglect
    - Ignoring of infant cues
    - Lack of mutuality – not "dancing" together
    - Long-term negative effect on mother-child relationship
  - Overprotection (picture perfect)
  - ↓ Duration of breastfeeding

Decreased Breastfeeding Duration

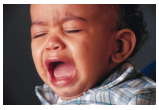
- "…mental problems during the first month after delivery…twice as likely to interrupt breast-feeding." (Falceto, Giugliani & Fernandes, 2004)
- "…36.8% reported that their depressive symptoms preceded cessation of breast feeding" (Taj & Sikander, 2003)
- "Early cessation of breastfeeding was…significantly associated with postnatal depression…Onset of PND occurred before cessation of breastfeeding in most cases." (Henderson et al., 2003)
- "Breastfeeding discontinuation at 12 weeks was also associated with… maternal depressive symptoms." (Taveras et al., 2003)
- "A failed attempt at breast-feeding was associated with an increased risk of a score of > or =10 on the EPDS." (Fergerson, Jamieson & Lindsay, 2002)

Breastfeeding and PPMD

- Expressing milk for preterm infants
  - "Higher maternal depression scores were associated with…"
    - ↓ Quantities of breast milk
    - ↑ Latencies to the first breast-milk feeding
    - ↓ Maternal affectionate touch
    - ↓ Infant cognitive skills (Feldman & Eidelman, 2003)
- Maternal role attainment
  - "The maternal depressive mood influenced negatively on breastfeeding and experiences of motherhood (but not on experience of fatherhood)…" (Seimyr et al., 2004)

Effects of PPMD on Infant/Child

- ↓ Gestational age at birth
- ↓ Infant weight gain/growth, vocalization, interest
- ↓ Breastfeeding outcomes
- ↑ Irritability
- ↑ Insecure or avoidant attachment
- ↑ Depression/behavioral disturbances
- ↓ IQ/cognitive development – "*BF did not remove* the effect of the mother's illness on Full Scale IQ…" Hay et al., 2001
  - ↑ Attentional difficulties
  - ↓ Mathematical reasoning
  - ↑ Special educational needs



Advantages of Breastfeeding with a Maternal PPMD

- Infant
  - "Breastfeeding…exerted its own influence on Verbal IQ and appeared to mediate the link with mathematical ability." (Hay et al., 2001)
- Dyad
  - "Depressed mothers who had *stable breastfeeding patterns*…less likely to have infants with highly reactive temperaments…more positive dyadic interactions." (Jones, McFall & Diego, 2004)

Helping the Breastfeeding Mother With a PPMD

- *Priority*: Help a mother with her "chief complaint"
  - Usually BF-related
  - Identify s/s of PPMD
- *Confidentiality*
  - "Need to report" ➔ informed consent
- *Effective communication*
  - Subjective/objective information gathering
  - Request to touch mother or baby (if pertinent)

Getting the "Right" Information

- Obstacle to intervention → failure to ask about mental health
  - During childbearing year – average of 14 contacts with HP
  - Many/most women never assessed for PPMD
- You won't get information about a mother's mental-emotional status unless you ask
  - Mothers rarely volunteer clear information RT negative or frightening feelings*
  - Asking implies comfort/acceptance
- Matter-of-fact approach
  - Professional information gathering style

*May be concerned that baby/child will be taken away…

Red Flags

Communication CONTENT

- Verbal: What is said (30%)
- Warning flags in verbal communication
  - Illogical/disorderly word/sentence progression
  - Skipping
    - Inconsistent expression of thoughts
    - "Flits" from topic to topic
    - Flight of ideas
  - Delusional thinking
    - False, fixed idea
    - Does not match reality

Red Flags

Communication PROCESS

- Nonverbal: How it is said (70%)
- Warning flags in nonverbal communication
  - Verbal expression
    - ↓ Energy → monotone, flat
    - Teary, sad, whine
    - Aggressive
  - Affect
    - ↓ Facial expressiveness, ↑ flat
    - Frown, grimace
  - Eye contact: gaze aversion/downcast
    - CAUTION: cultural aspects
  - Appearance – hygiene; no care ↔ perfection

Red Flags

- Body language
  - *No* or *incongruent responses* to infant cues
    - ↓ Mutuality
  - *Posture*: slumped, slouched or ramrod straight
  - *Hypervigilant*: tense, wary, suspicious, aggressive
    - Psychological barrier in place
  - *Invades* another's *space*
  - *Idiosyncracies*: twitching, trembling, jerking movements, tapping feet, wringing hands

Getting the Information…

- Systematic information gathering RT emotional/behavioral status
  - "Your voice sounds sad (as if you're about to cry)…"
  - "On a 1-10 scale, where are you RT mood (blues), **appetite**, **sleep** (when baby asleep), attachment…?"
  - "Have you ever been treated for or thought you had…(depression, anxiety, eating disorder, abuse, etc.)"

Getting the Information…

- Screening Tools
  - Zung SDS
  - Beck PDPI-R/PDSS
  - Edinburgh PDS
- Advantages
  - Systematic
  - Validity/reliability
  - Easy to use
  - Applicable in various healthcare settings

Edinburgh Postnatal Depression Scale (EPDS)

- ↑ Well-known
  - Established validity/reliability
  - Comparison data
- "Permission to use"
- Spanish version available

Safety/Intimate Partner Violence

Are you being abused?

YES/NO – Does the person you love...

1. Threaten to hurt you/your children?
2. Say it's your fault if he or she hits you, then promises it won't happen again (but it does)?
3. Put you down in public?
4. Keep you from contacting family or friends?
5. Throw you down, push, hit, choke, kick, or slap you?
6. Force you to have sex when you don't want to?

Just one "yes" answer means you're involved in an abusive relationship. If so, you're not alone and you have choices.
No one deserves to be abused.

Adapted from: ACOG.org, 2006

¿Es Usted Víctima de Maltratos?

SI/NO – La persona a quien ama...

1. ¿Amenaza con hacerle daño a usted o a sus hijos?
2. ¿Si le pega, le dice que la culpa es suya y promete no hacerlo más (pero le vuelve a pegar)?
3. ¿La humilla en público?
4. ¿ O no la deja hablar con su familia o amigos?
5. ¿La tira al suelo, la empuja, le pega, trata de ahorcarla, la patea o le da bofetadas?
6. ¿La obliga a tener relaciones sexuales cuando usted no quiere?

Si responde "sí" a una o más de estas preguntas, entre usted y su pareja hay una relación abusiva. Pero no está sola y puede conseguir ayuda. Nadie merece ser víctima de abusos. La violencia doméstica es ilegal, y sea cual sea su estado legal de inmigración, usted tiene el derecho de protegerse.

If Current Signs of Depression…

- "Other mothers that sound/look as you do just now…"
- "Are you concerned about how much you are crying, feeling sad?" Or…
  - "Are you concerned that you're not hungry (able to sleep), etc.?"
- "Do you ever think of hurting yourself/ baby/ others?"

  If "yes":
  - "Have you thought of how you would do it?"
  - "What keeps you from doing that?"

Effective Care Planning

Breastfeeding problem-focused suggestions

- *Sensitivity to PPMD – s/s or actual history*
  - Self-care vs. infant care/breastfeeding
  - Awareness of potential effects of PPMD on dyad & BF
- *Mutuality of problem resolution*
  - Mother-led "control" of resolution
  - Breastfeeding "friendly" intervention
    - Maintain the BF relationship
  - Outcome-oriented
    - Options "fit" maternal reality
    - Mutually determined/agreed upon
    - F/U plan

Effective Intervention

Breastfeeding problem-focused intervention

- *Address emotional-behavioral issue as appropriate*
  - Acknowledge if verbalized
  - Recognize that s/s = potential disorder that may affect breastfeeding/lactation chief complaint
  - Recommend referral for treatment
  - Anticipate effect of treatment for emotional-behavioral disorder on breastfeeding/lactation

Effective BF Strategies…

- Reinforce infant need for close contact with mother and review interaction cues
  - Stress role of BF in helping a mother maintain appropriate contact when she may not feel up to it
  - Encourage Kangaroo Mother Care (KMC)
- Review feeding cues and typical infant BF patterns
- Reframe "distorted" thinking RT:
  - Breastfeeding
  - Infant behavior
  - "Bad" mothering

Effective BF Strategies…

- Tap into maternal resources/networks
  - e.g. Suggest household help to free mother for BF
- Advise that treatment rarely interferes with BF
  - Treatment can actually help preserve BF
    - "Many mothers have breastfed while being treated for PPMD"
  - Refer to IBCLC
    - References
    - Aware of potential options
  - Refer to breastfeeding support networks

Possible PPMD Intervention

- Intervene as appropriate RT s/s PPMD
  - Suggest non-medical strategies
  - Refer mother to primary care provider
    - Contact care provider with findings (re: informed consent)
    - Note s/s findings in contact documentation
  - Refer to mental health specialists p.r.n.
  - Refer to disorder support networks p.r.n.
  - Report suspected infant neglect/abuse p.r.n.

Reporting Suspected Child Abuse or Neglect

Child Abuse Prevention & Treatment Act 1974

- AZ law dictates the following are required to report:
  - Any HP, "counselor…any other person who has a responsibility for the care or treatment of the minor."
- Report to: "…CPS or law enforcement. "
  - AZ Child Abuse Hotline 1-888-SOS-Chil(d) (767-2445)

Information to Report

- Name, age & gender of child
- Address, phone, etc.
- Any other helpful information, e.g. child's condition
- Parent/caregiver place employment
- Why abuse or neglect is suspected
- Your name, affiliation, phone*

* Not required

Treating PPMD

- Physical evaluation
  - Thyroid
  - Chronic Fatigue Syndrome, Epstein-Barr virus, etc.
- Psychiatric evaluation
- Possible Treatments
  - Dietary supplements
  - Exercise
  - Psychotherapy
  - Medication
  - PPMD support group
  - Hospitalization p.r.n.

"Can't hurt…"

- Dietary supplements – ↓ cytokine activity
  - Vitamins – B-complex
    - B_6
    - B_{12}
    - Folic acid (B_9)
    - Choline – considered part of B complex
  - Omega-3 fatty acids
    - Fish oil (capsules)
    - DHA & EPA

"Can't hurt…"

- Exercise
  - ↑ Neurotransmitter activity
    - Serotonin
    - Dopamine
  - Release endorphins
    - ↓ Pain
    - ↓ Stress/cytokines
    - ↑ Sense of well-being
      - ↑ Self-efficacy
  - Amount
    - 20-30 minutes ≥2-3x/week
  - Type
    - Walking or similar level of exertion

"Can't hurt…"

- Light (bright)
- Acupuncture
- Massage
- Aromatherapy

Often helps…

- Psychotherapy
  - Interpersonal RT relationships
  - Cognitive-behavioral RT ↓"stinkin' thinkin'"
    - ↓ Thinking "distortions"/↑ reframing
      - "Should" on self – unrealistic expectations
      - All-or-nothing thinking
        - » Overgeneralize –"black or white"; "always or never"
      - Magnification – Focus only on negative
      - Emotional reasoning – emotions reflect reality

Often helps… Pharmacology: Weighing BF Benefits vs. Risks

- Antidepressants
  - SSRI – Selective Serotonin Reuptake Inhibitors
  - Related
  - Tetracyclic
  - Tricyclic Antidepressants (TCA)
  - ⃠ Monoamine Oxidase Inhibitors (MAOI)
    - ↓ Data available RT BF/lactation
    - RT Need for strict dietary and med restrictions
      - Baby as well as mother

Other Antidepressant Tx: Weighing BF Benefits vs. Risks

- Herbals – "natural" ≠ "safe"
  - SE – ↓ data, ⃠ safe dose range
    - St. John's Wort – SSRI; some benefit with mild depression
    - Potential for drug interaction – consult with MD
- S-Adenosyl-L-Methionine (SAMe)
  - ↓ Data RT breastfeeding
- Electroconvulsive Therapy (ECT) – "shock" therapy
  - Option for severe depression; psychosis
  - ⃠ Interruption of breastfeeding
- ⃠ Female hormones
  - Probable placebo effect

Anxiolytic Medication: Weighing BF Benefits vs. Risks

Anxiety/Panic/OCD/PTSD

- Sedatives
  - Benzodiazepines – ↑ side effects in neonate
    - Short-acting, e.g. Xanex, Ativan
    - Medium to long-acting, e.g. Valium, Librium
  - Non-benzodiazepines
    - Ambien – rapid effect, short-acting
  - Non-addictive,
    - *Buspirone (Buspar) – ↑ time to effect (1-3 weeks)/↓ sedation
- SSRI, TCA

Bipolar Medication: Weighing BF Benefits vs. Risks

- Mood stabilizer/anti-manic medication issues:
  - Toxicity
  - Medication combos
  - Adherence
- Classes of medications used
  - Lithium
  - Antidepressant
  - Anticonvulsant
  - Antipsychotic
  - Anxiolytic
  - Calcium channel blocker
- ECT

When Medication is Prescribed

- Read vs. interpret available literature
  - RT "scope of practice"
  - Liability
- Provide references
- Refer to most up-to-date information
  - Constant update RT new research

Pharmacology Updates

- BF Pharmacology – TW Hale, RPh, PhD: http://neonatal.ttuhsc.edu/lact/index.html
  - Medication and breastfeeding forums
  - Book updates
  - Annual conference
- LactMed: http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT
  - Search medications via generic or trade name
  - Ongoing medication during lactation updates
- American Academy of Pediatrics (Policy Statement, 2001): http://aappolicy.aappublications.org/cgi/content/full/pediatrics;108/3/776

Resources

- AZ Postpartum Warmline 888.434.MOMS (6667)
  - Tucson 520.325.MOMS (6667)
- AZ – Postpartum Support International (PSI) http://postpartum.net/local-support/?state=arizona
- AZ Perinatal Mood Disorders Resources (2005) http://www.npn.org/uploaded_files/azstateppd.pdf
- MedEdPPD.org brochures
  - English http://www.mededppd.org/pdf/brochure_eng.pdf
  - Spanish http://www.mededppd.org/pdf/brochure_spanish.pdf